

SERIAL 08055 S ORTHOPEDIC PHYSICIAN SERVICES PROVIDERS – CHS

DATE OF LAST REVISION: June 19, 2008

CONTRACT END DATE: September 30, 2011

CONTRACT PERIOD THROUGH SEPTEMBER 30, 2011

TO: All Departments

FROM: Department of Materials Management

SUBJECT: Contract for **ORTHOPEDIC PHYSICIAN SERVICES PROVIDERS – CHS**

Attached to this letter is published an effective purchasing contract for products and/or services to be supplied to Maricopa County activities as awarded by Maricopa County on **June 19, 2008 (Eff. 09/01/08)**

All purchases of products and/or services listed on the attached pages of this letter are to be obtained from the vendor holding the contract. Individuals are responsible to the vendor for purchases made outside of contracts. The contract period is indicated above.

Wes Baysinger, Director
Materials Management

SF/mm
Attach

Copy to: Materials Management
 Dennis Flynn, Correctional Health Services

(Please remove Serial 07161-S from your contract notebooks)

INVITATION FOR BID FOR: ORTHOPEDIC PHYSICIAN SERVICES

1.0 INTENT:

The intent of this solicitation is to identify qualified orthopedic physicians to provide contract services to Maricopa County Correctional Health Services (CHS). Services will be performed in CHS Clinics in the Maricopa County Jails two (2) to four (4) half days per month. It is not anticipated that “on-call services” will be required. ***Malpractice Insurance will be provided by Maricopa County, at no expense to the Contractor(s). Initial contract award period will be for a period of three (3) years from the date of contract award. The contract(s) awarded resultant of this solicitation are expected to be awarded with an effective date of September 1, 2008.***

The contract resultant of this solicitation is a requirements contract. No services are to be provided without a valid purchase order. Maricopa County reserves the right to make multiple contract awards to meet the requirements of the County and reserves the right to make subsequent contract awards to the resultant contract as requirements demand.

Respondents shall provide one (1) original hardcopy (labeled), and one (1) hardcopy copy and one (1) electronic copy, including pricing (Attachment A shall be in Excel format, NO PDF files), on CD. Respondents are to identify their responses with the bid serial number, title and return address to Maricopa County, Department of Materials Management, 320 West Lincoln, Phoenix, Arizona 85003. The owner, corporate official or partner who has been authorized to make such commitments must sign bids. **(See Paragraphs 3.10 – 3.13)**

2.0 SCOPE OF SERVICES:

2.1 BACKGROUND

2.1.1 Maricopa County, through Correctional Health Services, provides various health care services to inmates and detainees housed in County jail and detention facilities. It is not anticipated that “on-call services” will be required. **Facilities at which services will be performed are located at:**

201 S. 4th Avenue, Phoenix, AZ 85003 – 4th Avenue jail

3250 W. Lower Buckeye Rd., Phoenix, AZ 85009 – Lower Buckeye jail

2.1.2 Correctional Health Services contracts with various health care professionals to provide patient care and other professional services including orthopedic medical services, to inmates and detainees in County jail and detention facilities.

2.1.3 Contractor is an individual or organization who is, employs, or contracts with individuals duly qualified, licensed and/or certified to provide professional health care services, orthopedic medical services in Arizona, or who has agents, employees, contractors or subcontractors who are so qualified, licensed or certified.

2.1.4 By this Contract, the County retains Contractor to provide services through Correctional Health Services’ program(s).

2.2 CONTRACTOR QUALIFICATIONS

2.2.1 Physicians submitting applications in response to this solicitation shall provide a copy of their current resume, current license in the State of Arizona and either proof of completion of residency in orthopedics or of certification by the American Board of Orthopedic Surgery, a copy of their current DEA Controlled Substance Registration, a copy of their current CPR card, documentation of current PPD with test results. Documentation of completion of the Hepatitis B series or a statement where the Contractor declines immunization/titer testing. The ideal candidate shall have current board certification.

- 2.2.2 Medical Residents submitting applications in response to this solicitation shall provide a copy of their current resume, current license in the State of Arizona and documentation of current participation (in the form of a letter from the residency program) in a residency in orthopedics, a copy of their current DEA Controlled Substance Registration, a copy of their current CPR card, documentation of current PPD with test results. Documentation of completion of the Hepatitis B series or a statement where the Contractor declines immunization/titer testing.
- 2.2.3 Exceptions, *(if any)*, to the qualifications shall be submitted, in writing, as an integral part of the applicant's response to this solicitation.

Professional staffing providers (locum tenens) are encouraged to offer service providers for this solicitation. All requested information and documentation required of an individual respondent is required for any and all service providers the professional staffing provider may offer. Also see Section 3.13 below.

2.3 DUTIES:

As a contract provider of orthopedic services, Contractor shall:

- 2.3.1 Examine, diagnose and treat inmate/patients referred to the Orthopedic Specialty Clinic for injuries or conditions involving the musculoskeletal system which require comprehensive management by an orthopedic specialist.
- 2.3.2 Record inmate/patient diagnostic and treatment information will be recorded in the patient's medical chart within twenty-four (24) hours of examination.
- 2.3.3 Re-evaluate patients under care to determine progress, or lack of progress, and to modify treatment plan as necessary. Re-evaluation will be documented in the patient's medical record within twenty-four (24) hours of evaluation.
- 2.3.4 Prescribe medication in accordance with CHS Clinical Policy J-D-01 (a copy of which will be supplied to the awarded contractor(s)).
- 2.3.5 Meet with peers and staff as requested and scheduled by the Medical Director, or Department Director; attend special meetings to identify and resolve issues specific to delivery of quality orthopedic care, as requested by the Medical Director.
- 2.3.6 Review external grievances and medical record reviews prepared by legal liaison for hearings and/or litigation. Advise Department Director, Medical Services Director, CHS staff, as needed, on acceptable community standards of care and practice guidelines for incarcerated individuals.
- 2.3.7 Contractor agrees *not to exceed* the number of hours of contracted services as scheduled by the Medical Director, or designee.
- 2.3.8 Contractor, Medical Director and Department Director shall meet and cooperate to produce and collect program data for productivity analysis as set forth in the National Commission on Correctional Health Care (NCCHC) accreditation standards and in accordance with CHS' goals, policies and performance standards.
- 2.3.9 Contractor is required to remain current in regards to professional licenses, Controlled Substance Registration (DEA) and Basic Life Saving (BLS).
- 2.3.10 Contractor's services shall be provided in Maricopa County CHS facilities/locations located at the 4th Avenue and Lower Buckeye jails. Services will be provided on weekdays (Monday thru Friday), excepting holidays, and between the hours of 7:00 A.M. and 5:00 P.M. Services will be scheduled by the Director of Medicine, or designee.

2.3.11 Contractor(s) shall be part time, with no guarantee of hours of service to be provided to CHS.

2.3.12 Annual Requirements

All Contractors will be *required* to provide documentation of the following on an annual basis, e.g. within (1) year of completion of the previous test and/or training. Continued non-compliance could result in termination of contract as stipulated within.

2.3.12.1 Annual OSHA/HAZMAT Training. Contractors, who do not work for CHS full time, may provide proof of training from their primary employer.

2.3.12.2 PPD test documentation with results.

2.3.12.3 Both Contractor and CHS will comply with, and will cooperate with, each other to facilitate compliance with all applicable statutes, regulations and rules in connection with the performance of their obligations, including rules imposed by any accreditation body with authority over CHS and Contractor. CHS will provide Contractor with copies of all policies and procedures (including amendments) applicable to services provided by Contractor under this Contract. In the event that any applicable law, rule or regulation or accrediting authority standard becomes amended, invalidated or replaced, or by its terms causes either or both parties' conduct to be in violation of such law, rule, regulation or standard, both parties agree to use their best efforts to comply and if necessary to negotiate an amendment to this policy letter and/or referenced Contract to conform with the law, rule or regulation, consistent with the intent of this Contract.

2.3.12.4 In the event the Contractor disapproves of a policy, rule or regulation, Contractor shall advise Medical Director of the basis for disapproval.

2.4 SUPERVISION

For purposes of professional services, Contractor will be under the general supervision of the Medical Director. General administrative oversight is the responsibility of the Medical Director and/or Director, CHS.

2.5 SCHEDULE

2.5.1 Contractor and/or Contractor's providers shall devote the number of contract hours, or a portion thereof, as assigned in writing by the Medical Director, to the performance of the duties described in this Contract. Accountability for specific contract hours is the responsibility of the Medical Director, or designee.

2.5.2 The Medical Director, or designee will provide a staffing schedule to include location and times for which coverage is required. The schedule will be updated and distributed monthly to each Contractor.

2.6 LICENSURE/CERTIFICATION REQUIREMENTS

2.6.1 All applicable provisions of law and other rules and regulations of any and all governmental, including the State of Arizona, accrediting and regulatory authorities relating to the licensure and regulation of Physicians, Doctors of Osteopathy or Medical Residents shall be complied with by the Contractor.

2.6.2 Applicant is responsible for providing the appropriate/relevant copies of current professional licenses, certificates, etc., with their response to this solicitation.

2.7 SECURITY CLEARANCE

The Contractor shall receive security clearance from the Sheriff's Office prior to providing services in the detention facilities. The Sheriff's Office will conduct a background check on persons who may provide services under this contract. CHS will coordinate this effort. Security clearance effort is of no cost to the contractor.

2.8 COMPENSATION

Subject to availability and authorization of funds for the explicit purpose set forth below, Maricopa County will pay the Contractor for services rendered under this Contract as indicated in the following subsections.

2.8.1 *Hourly Rate*

Contractor shall indicate salary requirements for services on an "hourly rate", specified on Attachment A. Rate shall be based on a full-time position. Contractor will not be compensated for personal, sick, family medical, and vacation leave time and / or holidays. CHS reserves the right to negotiate hourly rate(s) with individual applicants, based upon experience and credentials.

2.8.2 Provider Schedule and Billable Hours

Actual billable hours may not exceed the approved Provider Schedule without prior written approval of CHS' Medical Director, or designee. All services will be billed bi-weekly to coincide with the approved Provider Schedule.

2.8.3 Method of Payment

2.8.3.1 Maricopa County Finance Department will, within ten (20) working days from receipt of the statement or invoice, issue a warrant for payment up to the maximum total allowable for the previous period of service provision or work performance, up to the maximum number of units of service actually performed. Should there be a disallowance in the claim; the claim shall be processed for the reduced amount. If the Contractor protests the amount or the reason for the disallowance, the protest shall be construed as a dispute concerning a question of fact within the meaning of the Disputes Clause of the General Provisions of this Contract.

2.8.3.2 The Contractor understands and agrees that the County will not honor any claim for payment submitted more than 30 days after date of service. All claims shall be submitted within 30 days of County's fiscal year-end (June 30th) to assure payment for services provided during that fiscal year.

2.8.4 Taxes and Benefits

Contractor assumes sole and exclusive responsibility for payment of any federal and state income taxes, federal social security taxes, worker's compensation and other mandatory governmental deductions or obligations, if any, and any pension or retirement program and in connection therewith Contractor shall indemnify and hold the County harmless for any and all liability which County may incur because of Contractor's failure to pay such taxes or obligations, as well as for the County's liability for any such taxes or obligations.

2.8.5 Department Recoupment Rights

In addition to any other remedies set forth in this Contract, Department has the right to recoup, offset or withhold from Contractor any monies that Contractor has received but not yet provided the services, where such monies should not have been provided to Contractor

under the terms of this Contract or where Department is obligated to recoup under state or federal laws.

2.9 SPACE, EQUIPMENT AND SUPPORT STAFF

2.9.1 CHS shall provide the Contractor with furnished space and equipment and non-physician personnel as is reasonably necessary for the proper administrative and clinical operation.

2.9.2 Such space and equipment and non-physician personnel shall, subject to budgetary restrictions, meet the requirements set forth by the National Commission on Correctional Health Care (NCCHC).

2.10 INVOICES AND PAYMENTS:

2.10.1 The Contractor shall submit a weekly/bi-weekly time card to the Director of Medicine, or designee. The Director of Medicine, or designee will confirm that hours claimed were worked, sign the time card and submit it to CHS accounts payable. (CHS will pay the contractor for confirmed/approved time worked under the purchase order opened for the contractor at the request of CHS after contract award.

Problems regarding billing or invoicing shall be directed to the using agency as listed on the Purchase Order.

2.10.2 **Payment will be made to the Contractor by Accounts Payable through the Maricopa County Vendor Express Payment Program. This is an Electronic Funds Transfer (EFT) process. After Award the Contractor shall fill out an EFT Enrollment form (to be provided by the Procurement Officer) or as located on the County Department of Finance Website as a fillable PDF document (www.maricopa.gov/finance/).**

2.10.3 **EFT payments to the routing and account numbers designated by the Contractor will include the details on the specific invoices that the payment covers. The Contractor is required to discuss remittance delivery capabilities with their designated financial institution for access to those details.**

2.11 TAX:

No tax shall be levied against labor. It is the responsibility of the Contractor to determine any and all taxes and include the same in proposal price.

2.12 DELIVERY:

It shall be the Contractor's responsibility to meet the service delivery requirements of the County. Maricopa County reserves the right to obtain services on the open market in the event the Contractor fails to make service delivery and any price differential will be charged against the Contractor.

3.0 SPECIAL TERMS & CONDITIONS:

3.1 CONTRACT TERM:

This Invitation for Bid is for awarding a firm, fixed price purchasing contract to cover a three (3) year period.

3.2 OPTION TO EXTEND:

The County may, at their option and with the approval of the Contractor, extend the period of this Contract up to a maximum of three (3), one (1) year options, (or at the County's sole discretion, extend the contract on a month to month bases for a maximum of six (6) months after expiration).

The Contractor shall be notified in writing by the Materials Management Department of the County's intention to extend the contract period at least thirty (30) calendar days prior to the expiration of the original contract period.

3.3 INDEMNIFICATION AND INSURANCE:

3.3.1 INDEMNIFICATION

Except for matters covered by and within the limits of the County's malpractice insurance policy, to the fullest extent permitted by law, Contractor shall defend, indemnify, and hold harmless County, its agents, representatives, officers, directors, officials, and employees from and against all claims, damages, losses and expenses, including, but not limited to, attorney fees, court costs, expert witness fees, and the cost of appellate proceedings, relating to, arising out of, or alleged to have resulted from the negligent acts, errors, omissions or mistakes relating to the performance of this Contract. Contractor's duty to defend, indemnify and hold harmless County, its agents, representatives, officers, directors, officials, and employees shall arise in connection with any claim, damage, loss or expense that is attributable to bodily injury, sickness, disease, death, or injury to, impairment, or destruction of property, including loss of use resulting there from, caused by any negligent acts, errors, omissions or mistakes in the performance of this Contract including any person for whose acts, errors, omissions or mistakes Contractor may be legally liable.

The amount and type of insurance coverage requirements set forth herein will in no way be construed as limiting the scope of the indemnity in this paragraph.

The scope of this indemnification does not extend to the sole negligence of County.

3.4 INSURANCE REQUIREMENTS

Contractor, at Contractor's own expense, shall purchase and maintain the herein stipulated minimum insurance from a company or companies duly licensed by the State of Arizona and possessing a current A.M. Best, Inc. rating of B++6. In lieu of State of Arizona licensing, the stipulated insurance may be purchased from a company or companies, which are authorized to do business in the State of Arizona, provided that said insurance companies meet the approval of County. The form of any insurance policies and forms must be acceptable to County.

All insurance required herein shall be maintained in full force and effect until all work or service required to be performed under the terms of the Contract is satisfactorily completed and formally accepted. Failure to do so may, at the sole discretion of County, constitute a material breach of this Contract.

With the exception of malpractice insurance, Contractor's insurance shall be primary insurance as respects County, and any insurance or self-insurance maintained by County shall not contribute to it.

Any failure to comply with the claim reporting provisions of the insurance policies or any breach of an insurance policy warranty shall not affect the County's right to coverage afforded under the insurance policies.

The insurance policies may provide coverage that contains deductibles or self-insured retentions. Such deductible and/or self-insured retentions shall not be applicable with respect to the coverage provided to County under such policies. Contractor shall be solely responsible for the deductible and/or self-insured retention and County, at its option, may require Contractor to secure payment of such deductibles or self-insured retentions by a surety bond or an irrevocable and unconditional letter of credit.

County reserves the right to request and to receive, within 10 working days, certified copies of any or all of the herein required insurance policies and/or endorsements. County shall not be obligated,

however, to review such policies and/or endorsements or to advise Contractor of any deficiencies in such policies and endorsements, and such receipt shall not relieve Contractor from, or be deemed a waiver of County's right to insist on strict fulfillment of Contractor's obligations under this Contract.

The insurance policies required by this Contract, except Workers' Compensation, and Errors and Omissions, shall name County, its agents, representatives, officers, directors, officials and employees as Additional Insureds.

The policies required hereunder, except Workers' Compensation, and Errors and Omissions, shall contain a waiver of transfer of rights of recovery (subrogation) against County, its agents, representatives, officers, directors, officials and employees for any claims arising out of Contractor's work or service.

3.4.1 Commercial General Liability:

Commercial General Liability insurance and, if necessary, Commercial Umbrella insurance with a limit of not less than \$1,000,000 for each occurrence, \$2,000,000 Products/Completed Operations Aggregate, and \$2,000,000 General Aggregate Limit. The policy shall include coverage for bodily injury, broad form property damage, personal injury, products and completed operations and blanket contractual coverage, and shall not contain any provision which would serve to limit third party action over claims. There shall be no endorsement or modification of the CGL limiting the scope of coverage for liability arising from explosion, collapse, or underground property damage.

3.4.2 Automobile Liability:

Commercial/Business Automobile Liability insurance and, if necessary, Commercial Umbrella insurance with a combined single limit for bodily injury and property damage of not less than \$1,000,000 each occurrence with respect to any of the Contractor's owned, hired, and non-owned vehicles assigned to or used in performance of the Contractor's work or services under this Contract.

3.4.3 Workers' Compensation:

Workers' Compensation insurance to cover obligations imposed by federal and state statutes having jurisdiction of Contractor's employees engaged in the performance of the work or services under this Contract; and Employer's Liability insurance of not less than \$100,000 for each accident, \$100,000 disease for each employee, and \$500,000 disease policy limit.

Contractor waives all rights against County and its agents, officers, directors and employees for recovery of damages to the extent these damages are covered by the Workers' Compensation and Employer's Liability or commercial umbrella liability insurance obtained by Contractor pursuant to this Contract.

3.4.4 Malpractice Insurance

Malpractice *Insurance will be provided by the County, at no expense to the Contractor(s).*

3.4.5 Certificates of Insurance.

Prior to commencing work or services under this Contract, Contractor shall have insurance in effect as required by the Contract in the form provided by the County, issued by Contractor's insurer(s), as evidence that policies providing the required coverage, conditions and limits required by this Contract are in full force and effect. Such certificates shall be made available to the County upon 48 hours notice. **BY SIGNING THE AGREEMENT PAGE THE CONTRACTOR AGREES TO THIS**

**REQUIREMENT AND FAILURE TO MEET THIS REQUIREMENT WILL
RESULT IN CANCELLATION OF CONTRACT.**

In the event any insurance policy (ies) required by this contract is (are) written on a “claims made” basis, coverage shall extend for two years past completion and acceptance of **Contractor’s** work or services and as evidenced by annual Certificates of Insurance.

If a policy does expire during the life of the Contract, a renewal certificate must be sent to **County** fifteen (15) days prior to the expiration date.

3.4.6 Cancellation and Expiration Notice.

Insurance required herein shall not be permitted to expire, be canceled, or materially changed without thirty (30) days prior written notice to the County.

3.5 NO GUARANTEED QUANTITIES.

The Respondent understands and hereby acknowledges that the County makes no representations nor guarantees the Respondent any minimum or maximum number of units of service to be provided under this Contract.

3.6 ORDERING AUTHORITY.

3.6.1 Respondents should understand that any request for purchase of materials or services shall be accompanied by a valid purchase order, issued by Materials Management, or by a Certified Agency Procurement Aid (CAPA).

3.7 INQUIRIES AND NOTICES:

All inquiries concerning information herein shall be addressed to:

MARICOPA COUNTY
DEPARTMENT OF MATERIALS MANAGEMENT
ATTN: CONTRACT ADMINISTRATION
320 W. LINCOLN ST.
PHOENIX, AZ 85003

Administrative telephone inquiries shall be addressed to:
STAN FISHER, SENIOR PROCUREMENT OFFICER, 602-506-3274
(sfisher@mail.maricopa.gov)

Technical telephone inquiries shall be addressed to:

Dennis Flynn, Contract Administrator (602) 506-5579

Inquiries may be submitted by telephone but must be followed up in writing. No oral communication is binding on Maricopa County.

3.8 EVALUATION CRITERIA.

3.8.1 The evaluation of Bids will be based on, but will not be limited to, the following:

3.8.1.1 Price.

3.8.1.2 Full and complete compliance with Contractor Qualifications.

3.8.1.3 Determination of Responsibility.

3.8.2 The County reserves the right to award in whole or in part, by item or group of items, by section or geographic area, or make multiple awards, where such action serves the County's best interest.

3.9 SUBMISSION PRICE CLARITY.

For reasons of clarity all submissions of pricing (Attachment A) shall be priced in the same unit (size, volume, quantity, weight, etc.) as the bid specifications request. Submissions (bids) failing to comply with this requirement may be declared non-responsive.

3.10 INSTRUCTIONS FOR PREPARING AND SUBMITTING BIDS.

Respondents shall provide one (1) original hardcopy (labeled), and one (1) hardcopy copy and one (1) electronic copies, including pricing (Attachment A shall be in Excel format, NO pdf files), on CD. Respondents are to identify their responses with the bid serial number, title and return address to Maricopa County, Department of Materials Management, 320 West Lincoln, Phoenix, Arizona 85003. **The owner, corporate official or partner who has been authorized to make such commitments must sign bids.**

3.11 RESPONDENT REVIEW OF DOCUMENTS.

The Respondent must review its Bid submission to assure the following requirements are met.

3.11.1 **Mandatory:** One (1) original hardcopy (labeled), one (1) hardcopy copies of Catalogs and/or Price Lists and one (1) electronic copy (Excel format only) of pricing on a CD;

3.11.2 **Mandatory:** Attachment "A", Pricing (Excel format only);

3.11.3 **Mandatory:** Attachment "B", Agreement; and

3.11.4 **Mandatory:** Attachment "C", References.

3.12 CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

3.12.1 The **undersigned** (authorized official signing for the Contractor) certifies to the best of his or her knowledge and belief, that the Contractor, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

3.12.2 are **not** presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;

3.12.3 have **not** within 3-year period preceding this Contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

3.12.3.1 are not presently indicted or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (2) of this certification; and

3.12.3.2 have not within a 3-year period preceding this Contract had one or more public transaction (Federal, State or local) terminated for cause of default.

3.12.4 Should the **Contractor** not be able to provide this certification, an explanation as to why should be attached to the Contact.

3.12.5 The **Contractor** agrees to include, without modification, this clause in all lower tier covered transactions (i.e. transactions with subcontractors) and in all solicitations for lower tier covered transactions related to this Contract.

3.13 **SPECIAL INSTRUCTIONS – PROFESSIONAL STAFFING PROVIDERS (locum tenens)**

Any additional “contract” agreements that the respondent wishes the County to consider for this effort, shall be included with their response, relative to their firm supplying personnel to Maricopa County. Any additional “agreements” included will be subject to legal review and acceptance, at the option of the County.

“Awards” made to a professional staffing provider (locum tenens) shall note the award to the firm “offering the services of the named individual service provider”.

This section is not applicable to “individual” respondents.

SCORPIO3, 22234 N. 54TH WAY, PHOENIX, AZ 85054

WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL: ___X___ YES _____ NO

PRICING SHEET: NIGP CODE 9487421

1.0 PRICING:

SERVICE ITEM DESCRIPTION

HOURLY RATE

1.1 ORTHOPEDIC PHYSICIAN SERVICES

\$ 215.00 /HR.

Terms: NET 30

Vendor Number: W000011961 X

Telephone Number: 602/510-2144

Fax Number: 480/513-4860

Contact Person: Richard Emerson

E-mail Address: rje4c@cox.net

Certificates of Insurance Required

Contract Period: To cover the period ending **September 30, 2011.**